

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0051121

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 340

Primary Registration District No. 6149

Registrar's No. 3

STATE FILE NUMBER

VS 300
Rev. 4/59

1/030

2/030

3

4 0

5 1

6

7 1

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9 334x

10

11

12 90-0

13 20

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

PLACED IN DEATH

a. COUNTY Stoddard

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Duck Creek

Length of stay in 1b
22 Yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION MI N, E, Of Fisk

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Stoddard

c. CITY OR TOWN Dudley

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
R# 1

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Lewis Wilson Akin

4. DATE OF DEATH
Month Day Year
12-11-1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
7-18-1878

9. AGE (last birthday)
90

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Farming

11. BIRTHPLACE (City and state or country)
South Dakota

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Wilson Akin

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Myrtle Akin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Myrtle Akin Dudley, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) uremia

INTERVAL BETWEEN ONSET AND DEATH
3 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Malnutrition + dehydration

4-5 weeks

DUE TO (c) Cerebral arterial sclerosis with Chr. Brain syndrome

6 mo

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Tabern refused to eat or drink

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-15-63 to 12-9-63 and last saw him alive on 12-9-63
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
T. E. Ruff

22b. ADDRESS
623 Pine Maple Bluff mo

22c. DATE SIGNED
12-14-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
12/13/63

23c. NAME OF CEMETERY OR CREMATORY
Dexter Cemetery

23d. LOCATION (City, town, or county) (State)
Dexter, Missouri

24. FUNERAL DIRECTOR

ADDRESS
Fisk, Missouri

25. DATE RECD. BY LOCAL REG.
1/11/64

26. REGISTRAR'S SIGNATURE
Delma V. Jenkins

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Raymond L. Ruffin

Licensed Embalmer No. 4798

P. O. Address Berme, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.